

Template < 6 months



REQUEST FOR AUTHORIZATION FOR AUDIOLOGY SERVICES

State Form 51930 (R2 / 1-07) / BCD 0200

Indiana Family and Social Services Administration

Early Intervention Services / Children's Special Health Care Services



First Steps

Name of child		County	Date of birth (month, day, year)
ICD-9	Name of provider		Agency
Estimated length of request <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> Duration of IFSP <input checked="" type="checkbox"/> Other <u>one year</u>			

Place a check mark beside each service you are requesting.

✓ Service	CPT Code Description	CPT	Maximum Rate
	Individual treatment of auditory processing disorder (aural rehabilitation) (1 unit = 4 visits)* Hearing Aid management (Lifetime maximum = 4 units)*	92507	95.40
	Pure tone audiometry (threshold); air only	92552	11.47
	Pure tone audiometry (threshold); air & bone	92553	17.60
	SRT or SDT; Speech Audiometry Threshold	92555	9.91
	Comprehensive audiometry threshold evaluation and speech recognition/discrimination (92553 and 92556 combined)	92557	31.44
2	Tympanometry (impedance testing)	92567	14.09
2	Acoustic Reflex Testing	92568	9.91
	Visual Reinforcement Audiometry	92579	18.90
	Conditioning Play Audiometry	92582	19.16
	Select Picture Audiometry	92583	23.60
2	ABR: Audiometry evoked potential for evoked response audiometry and/or testing of the central nervous system (brainstem evoked response)	92585	104.06
	Automated ABR: Automated Audiometry evoked potential for evoked response audiometry and/or testing of the central nervous system (brainstem evoked response)	92586	49.41
2	OAE - limited: Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	92587	40.52
2	OAE - complete: comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	92588	56.47
	Hearing Aid Evaluation/examination and selection; monaural	92590	38.89
	Hearing Aid Evaluation/examination and selection; binaural	92591	45.56
	IFSP Team meeting (on-site)	X1015	15.37
	IFSP Team meeting (off-site)	X1016	20.05
	Direct Child Treatment (on-site)*	X1021	14.45
	Direct Child Treatment (off-site)*	X1022	18.85
	Family Counseling and Training - Onsite (15 minutes)* (review results, recommendations, and counseling)	X1031	14.45
	Family Counseling and Training - Offsite (15 minutes)*	X1032	18.85
	Hearing Aid - monaural behind the ear (BTE)*	V5060	\$900 per ear
	Hearing Aid - binaural behind the ear (BTE)*	V5140	\$1800 both ears
	Dispensing Fee monaural	V5090	\$180
	Dispensing Fee Binaural	V5110	\$270
	Hearing aid, digital, monaural	V5257	\$900 per ear
	Hearing aid, digital, binaural	V5261	\$1800 both ears
	Hearing service miscellaneous (Earmold 1 or 2)* (Maximum = 4 per year per ear)	V5264	\$35 per ear
	Hearing aid supplies - batteries (4 pack - limit 10 packs per year)*	V5266	\$5
	Hearing aid supplies - Pediatric hearing aid kit*	V5267	\$15

* Service or equipment must be written into the child's IFSP and signed by the parent(s) and primary care physician prior to authorization. Please note that services (including evaluation and assessment activities) may not be provided without the authorization of the Service Coordinator. Audiological services or equipment not listed on the form require prior approval from the Bureau of Child Development prior to authorization.

Signature of audiologist	Date (month, day, year)	Telephone number	Fax number
Signature of Service Coordinator	Date (month, day, year)	Telephone number	